Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DATENT ADDITION FEE DETERMINATION PROCESS

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DATENT ADDITION FEE DETERMINATION PROCESS

Approved for use through 7/31/2006. OMB 0651-0032

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DATENT ADDITION FEE DETERMINATION PROCESS

Approved for use through 7/31/2006. OMB 0651-0032

Approved for use through 7/31/2006. OMB 0651-0032

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DATENT ADDITION FEE DETERMINATION PROCESS

Approved for use through 7/31/2006. OMB 0651-0032

Approved for use through 7/31/2006. OMB 0 PTO/\$B/06 (08-03)

	PATENT	APPLIC	ATION F	EE DETERMII or Form PTO-875	NATION	V RECC	on of info ORD	rmalion un	Applio	plays a valid Or ation of Docke	MB control number
	CLA	IMS AS	FILED - PA						17	-94	394
FOR		(Column 1) NUMBER FILED		(Column 2)		SMALL ENTITY		NTITY	OR OT		IER THAN LL ENTITY
BASIC FEE (37 CFR 1.1) TOTAL CLAI	5(a))			NUMBER EXTRA		RATE FEE		FEE	1	RATE	FEE
(37 CFR 1.16	i(c))	minus 20 =		•					OR		s
INDEPENDE (37 CFR 1.16	NT CLAIMS (b))	minus 3 =				X \$	=		OR	X s =	
MULTIPLE DE	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						=-		OR	× s =	
' Il the differe	nce in column 1 is	less than z			\		-		OR	+ 5	
	CLAIMS A					JATOI			OR	TOTAL	
4-6-	OS (Column	1)									
2/	CLAIM REMAIN	S	HIGH	lumn 2) (Column	<u> </u>	SMAL	L ENTI	TY	OR	OTHER SMALL	R THAN ENTITY
Total (37 CFR 1.16 Independer (37 CFR 1.16	25 AFTER	₹	PREVI	1BER PRESEN OUSLY EXTRA		RATE		DDI- DNAL		RATE	ADDI-
Total O (37 CFR 1.16 Z Independer		Min		0 -	7 -	.25 =		EE			TIONAL FEE
(37 CFR 1.16)	<u> </u>	Min		3 -	\neg	100 =	+			(5 <u>5</u> 0=	
FIRST PRE	SENTATION OF MUL	TIPLE DEPE	NOENT CLAIM	(37 CFR 1 16(d))	7	s/B0=	┼			<u>,200=</u>	
					TO	DTAL DD'L FEE	 			5 <u>360=</u>	
	(Column 1) CLAIMS	-1	(Colum				L	J '	OR A	DO'L FEE	
LNI	REMAINING AFTER AMENDMEN	1	NUMBE PREVIOU	R PRESENT		RATE	ADD			RATE	
Total (37 CFR 1.16(b)) Independent (37 CFR 1.16(b))	·	Minus	PAID FO	DR =	 		TION, FEE				ADDI- TIONAL FEE
U (37 CFR 1,16(b))		Minus	†···	=======================================	1 1	<u> </u>		01	R X S	<u>50</u> =	
✓ FIRST PRESEI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CERT LOCK)							OF		200=	
					TOTA			OF	+ <u>s:</u>	360=	
	(Column 1)		(Column 2	2) (Column 3)	ADO.	L FEE		OR	ADD	'L FEE	
Z	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT	RA	TE	ADDI- TIONAL	7	R	ATE A	ADDI-
Total (37 CFR 1.16(c)) Independent		Minus	••	=	1 . 2	-	FEE	-	-	Ti	ONAL FEE
(37 CFR 1.16(b))			•••	Ξ	x <u>s 2</u>			OR	× \$ 5		
FIRST PRESENTA	TION OF MULTIPLE	DEPENDEN	T CLAIM (37 (CFR 1,16(d))	+5/8	=		OR	× s Z		
* If the entry in col	umn 1 is less than	the entry in	columni 2 w	ile "0" in column	TOTAL ADD'L F			OR OR	+ 3		
If the "Highest No.	mber Previously Pattern Previous		THIS SPACE	is less than 20 and	er "20". r "3"					· L	

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.